



***Waterway Analysis & Management System
Questionnaire for
Brownsville Ship Channel***

Name/Company: _____

Phone : _____ Contact Person: _____

Please use back of page if additional space is needed

1. Vessel type used: *Length*: _____ *Draft*: _____ *Tonnage*: _____ *Cargo*: _____

2. Navigational Equipment used: _____

3. How often do you transit at night during any given month? _____

4. What is your primary means of navigational while transiting at night? (i.e. Seaman's Eye, GPS, Radar) _____

5. What is your principal cargo? (i.e. petroleum, sea food, dry goods, personnel) _____

6. How do you rate the Lateral Aids to Navigation system in the prescribed area? (i.e. Good/Fair/Poor) _____

7. Are tides or currents ever a problem? _____

8. Have you experienced communication problems? _____

9. Have you had problems with the current aids to navigation? _____

10. Have you had problems with charts and pubs? (Coast Pilot volume V, Light List volume IV; charts: 1301, 11302: _____

11. Do you know of any specific danger/safety problems/issues? (shoals, hazards to navigation)

12. What are your recommendations for improvements or adjustments? _____

Please mail your responses to, or contact: Officer in Charge
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South Padre Island TX 78597
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FAX 956-761-8596